Conclusions This case highlights the implications of this syndrome, especially the risk of difficult airway. Epidural analgesia is possible and a good option to avoid airway interventions. A thorough and timely evaluation is essential.

Please confirm that an ethics committee approval has been applied for or granted: Not relevant (see information at the bottom of this page)

Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes

Background and Aims Single-shot neuraxial techniques are not useful for most labor analgesia. Intravenous patient-controlled analgesia (iv-PCA) is indicated for parturients who cannot receive neuraxial analgesia. We present two cases managed with a combined single-shot technique and iv-PCA.

Methods Case 1: A 37-year-old, G1P0 woman presented at 19 weeks gestation for abortion indicated with a fetal abnormality. She had a medical history of thoracic to lumbar spine surgery for scoliosis. We determined continuous epidural analgesia was not possible and choose a combination of single-shot spinal anesthesia combined with iv-PCA. Before cervical dilation procedures, 200 mcg of morphine with 7.5mg of bupivacaine was administered intrathecally using a 25-gauge needle. Following induction with prostaglandin E2, iv-PCA with fentanyl (10 mcg/h, 25 mcg/bolus, lockout time 10 min) was initiated. Standard monitors were placed, and the respiratory monitored with ETCO2 continuously until 24 hours after administration. The low dose of naloxone was administered to manage opioid side effects such as pruritus or nausea. Pain control during labor was adequate and the parturient was delivered without serious complications. Case 2: A 27-year-old, G5P0 presented at 21 weeks gestation for abortion indicated with a fetal abnormality. She was not eligible for epidural analgesia due to anticoagulant therapy. 200 mcg of morphine with 10mg of bupivacaine was administered and then the same protocols were used in this parturient. Pain control during labor was good and opioid side effects were well controlled with naloxone.

Conclusions A single-dose technique combined with iv-PCA provided adequate labor analgesia in mid-term delivery without serious complications.

Paediatrics

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Application for ESRA Abstract Prizes: I apply as an Anesthesiologist (Aged 35 years old or less)

Background and Aims The Erector Spinae Plane Block (ESPB) is a new regional anesthetic technique, and the global literature data on pediatric patients is still limited. The aim is to evaluate the analgesic power of the ESPB under ultrasound guidance when used in pediatric patients undergoing thoracic surgery. The effectiveness of the technique is based on opioid and non-opioid analgesic consumption within the first 24 hours postoperatively, as well as pain assessment scales.

Methods Pediatric patients aged 3-18 years old who underwent thoracic interventions between January 2022 and May 2023 at the Clinic of Pediatric Anesthesiology and Intensive Care. A 22G, 50mm needle was used for the technique, and the local anesthetic was Ropivacaine 0.25%, not exceeding a volume of 20ml unilaterally or separately for each side, while avoiding the maximum toxic dose of Ropivacaine of 2mg/kg.

Results An overview of the literature data regarding the effectiveness of the ESPB is presented, along with the data obtained at the Clinic of Pediatric Anesthesiology which are compared to conventional venous analgesia. The possible complications are described based on both the literature data and observations at the Clinic.

Conclusions Reducing the pain, better comfort during hospital stay, and minimizing stress factors are of crucial importance, especially in the pediatric population. The advantages of regional anesthesia over venous analgesia, as well as the tendency to avoid central blocks when possible by using effective and sufficiently safe peripheral blocks, create favorable conditions for establishing the ESPB as a good, relatively easy technique for analgesia in the thoracic region, even in children.

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LOCOREGIONAL ANESTHESIA IN PEDIATRIC SURGERY: A COMPARATIVE STUDY BETWEEN CAUDAL BLOCK AND LUMBAR SQUARE BLOCK IN INGUINAL HERNIA AND TESTICULAR ECTOPIA SURGERY

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Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes

Background and Aims Loco-regional anesthesia (LRA) has enjoyed incredible growth, and plays a key role in the multimodal approach to post-operative pain management in children. The latest studies show a significant regression of central blocks, and mainly caudal blocks, in favor of peripheral nerve blocks. In the past, caudal nerve block (CB) was commonly indicated in pediatric surgery, despite its particularities, risk of complications and relatively short duration of...
assessments. Today, lumbar square nerve blocks (LSB) have proved to be an effective method of postoperative analgesia. The aim of our study is to compare CB with LSB in the surgical treatment of inguinal hernia and testicular ectopia in children.

Methods Materials and methods: This was a prospective, randomized, double-blind study comparing the postoperative analgesic efficacy of caudal block versus BCL in pediatric patients who had undergone surgery for inguinal hernia and testicular ectopia under general anesthesia. Sixty children were included, and demographic characteristics, use of intravenous analgesics, complications, FLACC score at H1,2,6 and 12 hours postoperatively, and parental satisfaction by Likert score were collected.

Results Results: 60 patients were included, thirty in each group. There were no significant differences between groups in demographic data (p>0.05). The need for intravenous analgesics for the first 12 hours postoperatively was significantly lower in the LSB group (p = 0.002). FLACC scores over 12 hours were significantly lower in the LSB group (H2and H12 respectively p=10-3, and p=0.02). Parental satisfaction scores were higher in the LSB group (p=0.0112).

Conclusions Conclusion LSB may be a promising alternative in pediatric anesthesia.

Comparative Review Caudal vs General Anesthesia in Pediatric Surgery

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Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes

Background and Aims Epidural anesthesia is established as a standard in global medical practice. Caudal anesthesia is a specific case of epidural anesthesia, with proven effectiveness in various surgical interventions aimed at perioperative pain management. Evaluation of the effectiveness is based on pain assessment scales, intraoperative opioid use, and postoperative need for analgesics.

Methods Detailed literature review on the history, techniques, benefits, and complications of caudal and general anesthesia in pediatric patients. Development of a protocol for selecting patients suitable for these types of anesthetic technique. The study included patients in the age group of 0-7 years scheduled for elective and emergency surgical interventions suitable for both techniques. Statistical analysis of the obtained results.

Results The provided results for caudal anesthesia in the pediatric population from the Clinic of Pediatric Anesthesiology and Intensive Care, University Hospital ‘N.I. Pirogov,’ confirm the described results in the literature review on the topic—circulatory stability, high effectiveness of postoperative pain management, reduced need for analgesic drugs postoperatively compared to the data from the general anesthesia group patients.

Conclusions Caudal anesthesia in pediatric patients is relatively safe, with minimal complication rates when properly executed within the indications for this type of anesthesia and preoperative analgesia—effective pain management and reduced psycho-emotional stress, improved quality of hospital stay, decreased opioid requirements, reduced consumption of analgesic drugs postoperatively. With qualified personnel and well-equipped facilities for both execution and management of potential complications, caudal anesthesia becomes the ‘gold standard’ for the pediatric population.

Attachment Ethics Committee, CaudalvsGeneral.pdf

LONG TERM EFFECTS OF OPIOID USE PERIOPERATIVE/POSTOPERATIVE ON PEDIATRIC PATIENTS

Janet De La Torre Virgil*, Karen Corral, Zapopan, Mexico; Universidad Autonoma de Guadalajara, El paso, USA

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Attachment

#34740 ASSESSMENT OF THE PREEMPTIVE MIDAZOLAM ON HEADACHE AND MYALGIA AFTER ELECTROCONVULSIVE THERAPY COMPARED TO A CONTROL GROUP

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Application for ESRA Abstract Prizes: I don’t wish to apply for the ESRA Prizes

Background and Aims Electroconvulsive therapy (ECT) is a controlled electrical stimulus that affects central nervous system and leads to convulsion. Such as every other medical procedure, electroconvulsive therapy has some side effects like headache and myalgia. Patient undergoing electroconvulsive therapy receives different anesthetic drugs and some drugs like Midazolam, Atropine etc. to reduce side effects.

Methods This study included 40 patients who were candidates for receiving electroconvulsive therapy. By using convenience sampling, patients were divided into 2 groups of 20 people. Midazolam were given to one group while the other received placebo. Two patients in midazolam group were removed because of short period of convolution (lower than 20 seconds). The collected data were analyzed using independent t and chi-square tests.

Results 16 men (42.1%) and 22 women (57.9%) were studied. The incidence of headache (P < 0.001), myalgia (P = 0.014) and vomiting (P = 0.011) was significantly higher in witness group. The incidence of coughing and laryngospasm was not significantly different between the two groups (P > 0.050).

Conclusions Midazolam can reduce convolution time but in most cases, convulsions last more than 25 seconds, which is in therapeutic range. So, it cannot affect the therapeutic value of electroconvulsive therapy. Preemptive midazolam reduces Post-electroconvulsive-therapy headache and myalgia.

#35933 LONG TERM EFFECTS OF OPIOID USE PERIOPERATIVE/POSTOPERATIVE ON PEDIATRIC PATIENTS

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